



NIGHT AND DAY EVERY DAY REPORT

A REPORT BASED ON
RESEARCH AMONGST PEOPLE
WITH ALLERGIC RHINITIS

More information on allergic rhinitis and its treatment can be obtained by patients and healthcare professionals from Allergy UK at:

<http://www.allergyuk.org/>

Telephone: 01322 619 898



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Foreword

Allergic rhinitis is a serious and growing problem, with many adults and children needlessly suffering symptoms that prevent them from taking part in daily activities which most people take for granted, and can frequently disturb their sleep at night. The qualitative and quantitative research in this Night & Day Report reveals the true impact of allergic rhinitis on every part of patients' lives and the urgent need to ensure patients are receiving the best possible prolonged control for their symptoms.

Unfortunately, most people who suffer from allergic rhinitis have tried a number of treatments with very limited success, and so many are now resigned to just "coping" with their symptoms, feeling that there is nothing that can be done for them. There is hope, however, as new treatments are now available that can help patients control their symptoms through the night and day. It is now up to patients and doctors to work together to find the right treatment, or combination of treatments, to give patients the freedom to lead a full and rewarding life.



Muriel Simmons, Chief Executive
Allergy UK

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Foreword

The General Practice Airways Group is proud to be associated with this important initiative. Allergic rhinitis, whether seasonal or perennial, has a major impact on the lives of sufferers, the affects of which have been underestimated by patients, their doctors and their families. The Night & Day Report provides an overview of the current prevalence of the condition and true effect that allergic rhinitis has on those who suffer from it.

The ultimate goal of treatment for allergic rhinitis is to improve the patient's well-being and ensure that they are able to get the most out of life. Even though allergy and healthcare services are stretched to capacity, we strongly urge physicians and nurses to work closely with their patients to ensure that they are receiving the best possible treatment to maximise well being. An important part of this is patient education: helping patients to understand that continuous rather than intermittent treatment, which diminishes effectiveness, is required for each episode.

There is also increasing epidemiological evidence that many patients with rhinitis also suffer from asthma and vice versa and that a combined approach to treating the whole airway is desirable in order to maximise benefits.



Dr Steve Holmes, Chairman, GPIAG



Dr Dermot Ryan, GPIAG
Committee Member



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<http://www.gpiag.org>



Allergic Rhinitis: The Real Impact

Allergic rhinitis can have a major impact on a patient's quality of life, with symptoms affecting patients 24 hours a day. Because of this, allergic rhinitis can lead to severe sleep disturbance that can result in poor concentration and fatigue. Recurring daytime drowsiness can affect patients' daytime activities, including school and work performance. These problems can be compounded by treatment with first generation sedating anti-histamines which are still prescribed in large numbers and easily available over the counter at a pharmacy.^{1,2,3,4}

The Patient Voices Survey⁵

A recent survey conducted by Allergy UK in May 2005 amongst over 1,000 people with allergic rhinitis confirmed that the condition has a substantial affect on people's lives, with **92%** of patients stating that they suffer symptoms for **more than 2 months** each year.

73% patients also said that they have suffered from allergic rhinitis for **over 10 years**, many without managing to find a treatment that could fully control their symptoms.

"Just when the weather warms up and everyone is enjoying the sunshine, I start to feel absolutely dreadful."

Phaon, Age 48, IT Consultant



Key Survey Findings

Allergic rhinitis seriously affects daytime lives:

- **49%** reported that their symptoms affect their school/work moderately to severely.
- **80%** said it affects how they spend their social (leisure) time with **76%** saying that it limits their choice of outdoor activities.
- Patients also reported an effect on their emotional health including feeling worn out, irritable, having poor concentration and being embarrassed by their appearance due to rhinitis symptoms.

"For years the sneezing and constant streaming nose has driven me mad. Sometimes it got so bad I couldn't go to work."

Sue, Age 36, Prison Officer

Allergic rhinitis also affects sleep:

- **85%** reported that their symptoms disrupt their sleep.
 - Patients reported difficulty getting to sleep; being disturbed or waking in the night and not feeling rested upon waking.
- **56%** find their disturbed sleep affects school / work and **1 in 3** said it affects planned social activities.

"When I was young I could not join in with my brothers and sisters. I would often have to sit inside drawing while they went out to play in the park."

Joanne, Age 27, Photographer



Key Survey Findings

Allergic rhinitis affects the activities people take for granted:

- Key issues highlighted by patients regarding their allergic rhinitis included its affect on their day to day lives. Patients highlighted aspects such as:
 - “It affects my performance at work - I can’t concentrate or focus.”
 - “It makes me reluctant to attend outdoor social events such as barbeques.”
 - “It affects my ability to concentrate on looking after my children.”
 - “It affects my sleep – leading to disturbed sleep or waking in the night.”

“I am very restricted in what I can do during the summer. I can’t go out and enjoy BBQ’s or go for bike rides, and it’s not just me who is affected, it affects family and friends when I am not able to join in.”

Jason, Age 36, IT Project Manager

- The top four aspects which patients said bother them most about their allergic rhinitis included:
 - Having a runny nose
 - Having a blocked nose
 - Sneezing
 - Tiredness

Key Survey Findings

- Many patients had made changes to their home to try to ease their allergic rhinitis symptoms, for example removing carpets, buying special pillows/ mattresses or buying a humidifier.
- Some patients had spent **more than £300** in the last year trying to make their home ‘allergy free’.

“During the summer, we have to keep all the windows and doors closed to try to reduce the pollen levels in the house.”

David, Age 40, Photographer

Patients struggle to find the right treatment:

The survey found that many patients had tried for years to find a treatment that would control their symptoms 24-hours a day:

- Although **85%** of respondents take medication for their symptoms, **over half** still felt that it did not fully control the symptoms.
- **1 in 4** patients had tried **more than 5** different oral antihistamine treatments over the years, and **81%** had tried **2 or more** treatments.

“The congestion from my rhinitis gives me painful headaches, so I have to take pain killers during the day and every night or I wake up at 3am in pain.”

Mary, Age 42, Nurse



Key Survey Findings

The top 3 things which patients said are most important about their allergic rhinitis therapy were that it:

- Controls the symptoms completely (**75%**)
- Is non-drowsy (**62%**)
- Is a once a day treatment (**34%**)

69% would like to find a treatment that provides a prolonged treatment that controls symptoms both through the daytime and at night.

"I finally found a treatment which does reduce my symptoms through the day and night. I'm so relieved. I feel I've been able to really enjoy the summer for the first time since I was 18 years old."

Sunil, Age 41, Financial Director

Allergic Rhinitis: What and When

What?

Allergic rhinitis is an inflammation or irritation of the mucous membranes that line the nose following exposure to an allergen.⁶

- Common allergens that cause these distressing allergic reactions include: grass or tree pollen, mould spores, feathers, animal danders (hair and skin shed by pets) or dust mites.⁶

The resulting allergic response comes in two phases, an immediate (early phase) response and a late phase response (which may persist for hours or days).^{7,8}

This table highlights the symptoms suffered by patients with allergic rhinitis, whereas the signs need to be diagnosed via examination.

Symptoms of Allergic Rhinitis^{4,6,9}

Symptoms of the immediate allergic response	Symptoms of the late phase allergic response	'Systemic' symptoms affecting overall well-being
Sneezing	Nasal Congestion	Fatigue
Stuffy or runny nose	Nasal voice	Difficulty hearing and smelling
Itchy nose and throat and/or watery eyes	Breathing noisily and/or snoring	

Wheeze, cough and shortness of breath may be associated symptoms and may indicate an asthmatic component.



Allergic Rhinitis: What and When

Charlotte, Age 27, Sales Account Manager

Charlotte has suffered from hayfever since she was four years old. She is mainly affected by tree and grass pollen and so experiences symptoms during the summer months. Charlotte suffers from itchy and watery eyes, an itchy throat and a blocked nose. She says...

"Evenings and nights are the worst time, when the symptoms get really bad. I have to keep all the windows in my home shut throughout the summer to block out the pollen, but I still find that I lose about 2 hours sleep a night due to my hayfever. The loss of sleep means that I often feel tired and irritable during the day, and I have to drink lots of tea and eat more than usual to help keep my energy levels up."

"I've tried several different treatments but nothing really works. I would really love to find a treatment that would effectively control my symptoms 24 hours and especially in the evening and over night."

When?

A patient can have symptoms either during the grass and tree pollen season or all year round. The World Health Organisation (WHO) Guidelines now recognise the impact of symptoms on quality of life in their new classifications.⁴

Patients can have:

- Mild allergic rhinitis (with little impact on normal life) or
- Moderate/severe allergic rhinitis (with one or more of the following: abnormal sleep; impairment of daily activities, sport or leisure; problems caused at work or school; troublesome symptoms).

Allergic Rhinitis: The Current Situation

Allergic rhinitis a growing problem in the UK:

- Allergic rhinitis has increased dramatically and is still rising. Recent studies show the prevalence has tripled in the last 20 years.¹⁰
- Allergic rhinitis is estimated to affect 10-25% of adults and up to 40% of children.^{4,11}
- Over 5 million patients were treated for allergic rhinitis in 2003.¹²

"My hayfever completely controlled my life - for four months a year it made me miserable, and for one of those months I couldn't work, sleep, or have a social life. I'm finally using a treatment that works, but it's taken 39 years to get to this point!"

John, Age 41, Writer

Unfortunately, as highlighted both in a recent Health Select Committee report, and the Royal College of Physicians report "Allergy: The unmet need" despite the high prevalence of allergic rhinitis in the UK, specialist treatment is very difficult to access in the NHS⁹ and patients continue to suffer needlessly from persistent and often debilitating symptoms.

"I tried everything to try to minimise my hayfever but nothing seemed to work. It took me two years to get an appointment with a specialist, If GPs knew more it could make all the difference to the lives of allergy sufferers."

Donna, Age 27, Nursery Nurse

- Currently there is only 1 specialist consultant per 2 million of the population.⁹
- Most GPs have been offered very little training on allergies of any type.



Guidelines, Services & the Physician Viewpoint

Treatment Guidelines

The World Health Organisation's ARIA Guidelines ("Allergic Rhinitis and its Impact on Asthma"), recommend using a combination of a newer (second generation) non-sedating antihistamine (i.e. which does not cause drowsiness), with a decongestant, or topical glucocorticosteroid, for treating allergic rhinitis. Leukotriene receptor antagonists have also been licensed for the treatment of seasonal allergic rhinitis. The order and combination of treatment to depend on severity and duration of symptoms.⁴

Allergy Healthcare Services

The 6th Health Select Committee Report on the Provision of Allergy Services (published by the government in November 2004), highlighted the need for improved allergy services across the country, including both the need for more specialist clinics, and increased training and education of primary care.⁹

The Health Select Committee Report also included opinions from several physicians working in the field of allergy:

"Allergy services are grossly inadequate in the face of this serious public health problem (Allergies) that affects around 30% of the UK population."

Professor Stephen Durham, Royal Brompton Hospital

Allergic Rhinitis: The Current Situation

A recent survey cited in the report by the Royal College of Physicians and Child Health found that 80% of GPs thought that the NHS hospital based allergy services were, "of poor quality", and the Royal College of Physicians described allergy services in the UK as, "totally" inadequate.⁹

Specialist allergy services, have seen a significant rise in the number of patients asking to be taken on but very little increase in the level of capacity available. Despite these difficulties, a greater attention to the care of allergy patients at a primary care level could make all the difference to patients' lives.

"Physicians need to review whether patients' symptoms are well-controlled on their current medication to ensure that patients are getting the maximum benefit from the range of treatments available."

**Professor Stephen Holgate, Chest Physician,
Southampton General Hospital**



Allergic Rhinitis: What Can Be Done?

With advances in treatments that provide long-term control, there is now more that can be done to help ease patients' symptoms through both the night and the day.

Patients and doctors need to work together to identify the extent to which allergic rhinitis is affecting the patient's life and to try to identify either an individual treatment, or a combination of treatments, in order to find the best symptom control for each patient.

Key questions for doctors and patients to assess the extent of the problem, include:

- What treatments have you tried, either that you have bought over the counter or that your doctor has prescribed?
 - Which of these treatments did you benefit from?
- Do you feel drowsy / lacking in concentration at school/work?
- Do you alter your social arrangements to avoid getting symptoms?
- Is your sleep disturbed at night and if so what symptoms disturb it?

Patient education is very important, including:

- Allergen avoidance
- The importance of taking regular medication
- Checking that the nasal spray is used correctly (where used)

At Allergy UK, we're constantly lobbying for better allergy services across the UK. In addition to this, we all need to remember that it's the patients whose lives can be severely affected, and if patients and doctors can work together to find the best solution for each patient, this could really make a difference.

References

- 1 Juniper EF, et al. Impact of upper respiratory allergic diseases on quality of life. *Journal of Allergy and Clinical Immunology*, 1998; 108; S386-91.
- 2 Kremer B. Quality of life scales in allergic rhinitis. *Curr Opin Allergy Clin Immunol*. 2004;4(3):171-6.
- 3 Stuck BA, Czajkowski J, Hagner AE, Klimek L, Verse T, Hormann K, Maurer JT. Changes in daytime sleepiness, quality of life, and objective sleep patterns in seasonal allergic rhinitis: a controlled clinical trial. *J Allergy Clin Immunol*. 2004; 113(4):663-8.
- 4 Bousquet J, Van Cauwenberge P, Khaltaev N; Aria Workshop Group; World Health Organization. Allergic rhinitis and its impact on asthma. *J Allergy Clin Immunol*. 2001; 108(5 Suppl):S147-334.
- 5 Patient Voice Survey. Allergy UK. April – June 2005.
- 6 <http://www.mckinley.uiuc.edu/health-info/dis-cond/allergy/allerg rh.html>
- 7 Virant FS. Allergic rhinitis. *Immunol Allergy Clin North Am* 2000;20:265-282.
- 8 PRODIGY Guidance - Allergic Rhinitis, April 2002. Available at: <http://www.prodigy.nhs.uk/guidance.asp?gt=Allergic%20rhinitis>
- 9 House of Commons Health Committee. The Provision of Allergy Services. Sixth report of Session 2003-04. Vol I. HC 696-I. The Stationery Office 2004: p5.
- 10 Anon. Allergy: The Unmet Need. Royal College of Physicians (RCP), June 2003.
- 11 Day JH, Briscoe MP et al. Comparative clinical efficacy, onset and duration of action of levocetirizine and desloratadine for symptoms of seasonal allergic rhinitis in subjects evaluated in the Environmental Exposure Unit. *Int J Clin Pract*, February 2004, 58, 2, 109-118.
- 12 Decision Resources Website - Patient Base section.